

REPORTS INVENTORY						CONTROL NO.	
PREPARE IN DUPLICATE						DDS/OL/PSD 21	
1. TITLE OF REPORT (If a fill-in report include Form No.)						2. TYPE OF REPORT	
Accident Report						<input checked="" type="checkbox"/> STATISTICAL <input checked="" type="checkbox"/> NARRATIVE <input type="checkbox"/> MACHINE-NAME LISTING	
3. FUNCTIONAL AREA		PERSONNEL		TRAINING		X ADMIN. GENERAL	
		LOGISTICS		SECURITY		OTHER (specify)	
		MEDICAL		FINANCE			
4. NO. OF COPIES PREPARED		5. FREQUENCY (weekly, monthly, quarterly, etc.)				6. DISTRIBUTION (No. of components not number of copies)	
4		As they happen - 19 in 1969				2	
7. FORMAT (memorandum, form, computer print-out, etc.)		8. ADP PROCESSING				9. DIRECTIVE AUTHORITY REQUIRING REPORT	
Form 2652a		<input checked="" type="checkbox"/> YES IF YES GIVE ADP PROCESSING NO. <input checked="" type="checkbox"/> NO				STAT	
10. PREPARING COMPONENT (include lowest level contributing information to report)				11. FEEDER REPORTS (\$ Identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)			
Administrative Office, PSD				CA-1			
12. COST FACTORS							
A. MANUAL PREPARATION AND REVIEW COSTS							
GRADE	HOURLY RATE	X	HOURS PER REPORT	=	COST PER REPORT	X	TIMES PREPARED = COST PER YEAR
GS-7	\$ 4.67		10 min.		\$ .70		19 \$ 13.30
B. COSTS OF COMPUTER PRODUCED REPORTS							
None							
TOTAL COSTS PER YEAR						\$ 13.30	
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.							
Required by Headquarters Regulation.							
14. FUTURE GOALS							
GOAL PROPOSED BY COMPONENT FOR THIS REPORT						ESTIMATED SAVINGS	
<input checked="" type="checkbox"/> RETAIN AS IS <input type="checkbox"/> OTHER (explain)						MAN-HOURS DOLLARS	
<input type="checkbox"/> CHANGE <input type="checkbox"/> DISCONTINUE						None None	
16. DATE OF INVENTORY		17.		18. EXTENSION			
8 OCT 1970							